

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$995.32 for date of service 04/17/01.
- b. The request was received on 02/22/02

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 06/05/02
 - b. TWCC 62
 - c. HCFAs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/30/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 05/31/02. The 3 day response from the insurance carrier was received in the Division on 02/22/02. All information in the case will be reviewed and a decision will be made accordingly.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

The Requestor did not submit a letter requesting dispute resolution in their packet.

2. Respondent:

The Carrier did not submit a letter in response to medical dispute resolution.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 04/17/01.
- The denial code listed on the EOB is "F-FEE GUIDELINE MAR REDUCTION."
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
04/17/01	99070-ST	\$412.40	\$66.98	M	DOP	MFG SGR; (V)(B)(1-2), General Instructions (GI)(III)(A); TWCC Rule Sec. 413.011 (d)	The issue is what is "fair and reasonable" reimbursement for the services rendered. The referenced GI states, "... (DOP) in the ... (MAR) column indicates that the value of this service shall be determined by written documentation..." The burden is on the Requestor to show that the amount of reimbursement requested is "fair and reasonable." The provider has only submitted an itemized list of charges that make up the total billed amount. The provider has not submitted documentation that demonstrates that the amount of reimbursement requested is "fair and reasonable" or that meets the criteria of Sec. 413.011 (d) of the Texas Labor Code. Therefore, no additional reimbursement is recommended.
04/17/01	99070-AS	\$589.30	\$264.40	M	DOP	MFG SGR; (V)(B)(1-2), General Instructions (GI)(III)(A); TWCC Rule Sec. 413.011 (d)	The issue is what is "fair and reasonable" reimbursement for the services rendered. The referenced GI states, "... (DOP) in the ... (MAR) column indicates that the value of this service shall be determined by written documentation..." The burden is on the Requestor to show that the amount of reimbursement requested is "fair and reasonable." The provider has only submitted an itemized list of charges that make up the total billed amount. The provider has not submitted documentation that demonstrates that the amount of reimbursement requested is "fair and reasonable" or that meets the criteria of Sec. 413.011 (d) of the Texas Labor Code. Therefore, no additional reimbursement is recommended.
04/17/01	99499-RR	\$300.00	\$100.00	M	DOP	MFG SGR; (V)(B)(1-2), General Instructions (GI)(III)(A); TWCC Rule Sec. 413.011 (d)	The issue is what is "fair and reasonable" reimbursement for the services rendered. The referenced GI states, "... (DOP) in the ... (MAR) column indicates that the value of this service shall be determined by written documentation..." The burden is on the Requestor to show that the amount of reimbursement requested is "fair and reasonable." The provider has only submitted an itemized list of charges that make up the total billed amount. The provider has not submitted documentation that demonstrates that the amount of reimbursement requested is "fair and reasonable" or that meets the criteria of Sec. 413.011 (d) of the Texas Labor Code. Therefore, no additional reimbursement is recommended.

MDR: M4-02-2696-01

04/17/01	76000-27	\$125.00	\$0.00	G	\$88.00	TWCC Advisory 97-01	According to the TWCC Advisory: "ESIs must be performed under fluoroscopic control. The TWCC Advisory 97-01 states, "...When video fluoroscopy or fluoroscopy is performed with a myelogram or discogram, such procedures (emphasis added) are considered part of the service and should not be billed separately." The fluoroscopy is not global to another procedure. Therefore, reimbursement is recommended in the amount of \$88.00.
Totals		\$1,426.70	\$431.38				The Requestor is entitled to additional reimbursement in the amount of \$88.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$88.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 28th day of August 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.